



Department of Commerce

Division of Real Estate & Professional Licensing

Please visit our website at www.com.ohio.gov/real

614 | 466-4100
Fax: 614 | 644-0584
TTY/TDD: 800 | 750-0750

Anne M. Petit, Superintendent

PRINCIPAL BROKER ADDITIONAL AFFILIATION APPLICATION

Complete this form if you, as the Principal Broker, are seeking approval to be licensed with and act as the Principal Broker for more than one brokerage.

FOR DIVISION USE ONLY

This form is interactive; type the required information into the form, print, sign and date and forward to the Division for processing.

NOTE: Incomplete applications and applications that are incorrectly filled out will be returned for correction.

APPLICANT INFORMATION

Form fields: FILE NUMBER, FIRST NAME, MIDDLE NAME OR INITIAL, LAST NAME, SUFFIX

HOME ADDRESS [] Check if new

Form fields: CITY, STATE, ZIP CODE, PHONE NUMBER

EMAIL ADDRESS

CURRENT BROKERAGE AFFILIATION

Form fields: COMPANY FILE NUMBER, COMPANY NAME

Form fields: MAIN BUSINESS ADDRESS, DOING BUSINESS AS (DBA) NAME

Form fields: CITY, STATE, ZIP CODE, PHONE NUMBER

AFFILIATED BROKERAGE(S)

BROKERAGE 1: [] Add [] Remove

Form fields: COMPANY FILE NUMBER, COMPANY NAME

Form fields: MAIN BUSINESS ADDRESS, DOING BUSINESS AS (DBA) NAME

Form fields: CITY, STATE, ZIP CODE, PHONE NUMBER

BROKERAGE 2: [] Add [] Remove

Form fields: COMPANY FILE NUMBER, COMPANY NAME

Form fields: MAIN BUSINESS ADDRESS, DOING BUSINESS AS (D.B.A) NAME

Form fields: CITY, STATE, ZIP CODE, PHONE NUMBER

PRINCIPAL BROKER CERTIFICATION:

I certify that all of the statements on this application and all of the attached materials are complete and accurate. I understand that any false statement on this form or any of the attached materials may subject me to criminal prosecution and the loss of my Ohio real estate license.

PRINCIPAL BROKER SIGNATURE

DATE

REPL-17-0005

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